

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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TOTAL IND.	19					
TOTAL DEP.	29	↓	↓	↓		
TOTAL CLAIMS	48					

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TOTAL IND.								
TOTAL DEP.		↓	↓	↓				
TOTAL CLAIMS								